

UTILITY
PATENT APPLICATION
TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.

193022US0

First Inventor or Application Identifier

Isabelle AFRIAT

Title

SOLID COMPOSITION AND ITS USES, IN PARTICULAR ITS COSMETIC
USES

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents

ADDRESS TO: Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

1. ☒ Fee Transmittal Form (e.g. PTO/SB/17)
(Submit an original and a duplicate for fee processing)

2. ☒ Specification Total Pages **15**

3. ☐ Drawing(s) (35 U.S.C. 113) Total Sheets

4. ☐ Oath or Declaration Total Pages

a. ☐ Newly executed (original or copy)

b. ☐ Copy from a prior application (37 C.F.R. §1.63(d))
(for continuation/divisional with box 15 completed)

i. ☐

DELETION OF INVENTOR(S)

Signed statement attached deleting inventor(s) named
in the prior application, see 37 C.F.R. §1.63(d)(2) and
1.33(b).

5. ☐ Incorporation By Reference (usable if box 4B is checked)
The entire disclosure of the prior application, from which a copy of the
oath or declaration is supplied under Box 4B, is considered to be part
of the disclosure of the accompanying application and is hereby
incorporated by reference therein.

ACCOMPANYING APPLICATION PARTS

6. ☐ Assignment Papers (cover sheet & document(s))

7. ☐ 37 C.F.R. §3.73(b) Statement ☐ Power of Attorney
(when there is an assignee)

8. ☐ English Translation Document (if applicable)

9. ☒ Information Disclosure Statement (IDS)/PTO-1449 ☒ Copies of IDS
Citations

10. ☐ Preliminary Amendment

11. ☒ White Advance Serial No. Postcard

12. ☐ Small Entity Statement(s) ☐ Statement filed in prior
application. Status still proper
and desired.

13. ☒ Certified Copy of Priority Document(s)
(if foreign priority is claimed)

14. ☒ Other: List of Inventors Names and
Addresses, Request for Priority,
Translation of Categories of Cited
Documents, French Search Report

15. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application no.:

Prior application information: Examiner: Group Art Unit:

16. Amend the specification by inserting before the first line the sentence:

☐ This application is a ☐ Continuation ☐ Division ☐ Continuation-in-part (CIP)
of application Serial No. Filed on

☐ This application claims priority of provisional application Serial No. Filed

17. CORRESPONDENCE ADDRESS



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Name: Norman F. Ohlon

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Signature:

Date:

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Docket No. 193022US0

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF: Isabelle AFRIAT, et al.

FILING DATE: Herewith

FOR: SOLID COMPOSITION AND ITS USES, IN PARTICULAR ITS COSMETIC USES

LIST OF INVENTORS' NAMES AND ADDRESSES

ASSISTANT COMMISSIONER FOR PATENTS
WASHINGTON, D.C. 20231

SIR:

Listed below are the names and addresses of the inventors for the above-identified patent application.

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A declaration containing all the necessary information will be submitted at a later date.



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Respectfully Submitted,

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JCS71 U.S. PTO
09/610320
07/05/00

FEE TRANSMITTAL

ASSISTANT COMMISSIONER FOR PATENTS
WASHINGTON, D.C. 20231

FOR	NUMBER FILED	NUMBER EXTRA	RATE	CALCULATIONS
TOTAL CLAIMS	21 - 20 =	1	× \$18 =	\$18.00
INDEPENDENT CLAIMS	1 - 3 =	0	× \$78 =	\$0.00
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS (If applicable)			+ \$260 =	\$0.00
<input checked="" type="checkbox"/> LATE FILING OF DECLARATION			+ \$130 =	\$130.00
BASIC FEE				\$690.00
TOTAL OF ABOVE CALCULATIONS				\$838.00
<input type="checkbox"/> REDUCTION BY 50% FOR FILING BY SMALL ENTITY				\$0.00
<input type="checkbox"/> FILING IN NON-ENGLISH LANGUAGE			+ \$130 =	\$0.00
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TOTAL				\$838.00

- ☐ Please charge Deposit Account No. 15-0030 in the amount of _____ A duplicate copy of this sheet is enclosed.
- ☒ A check in the amount of **\$838.00** to cover the filing fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required for the papers being filed herewith and for which no check is enclosed herewith, or credit any overpayment to Deposit Account No. 15-0030. A duplicate copy of this sheet is enclosed.

Respectfully Submitted,

OBLON, SPIVAK, McCLELLAND,
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